

# Confidential Infectious Disease Report Form

## State of Alaska, Section of Epidemiology

Health care providers may use this form for to report infectious diseases. Please use the STD/HIV Disease Report Form to report Sexually Transmitted Diseases and HIV. Forms may be found at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>.

**Immediately report any suspected or confirmed public health emergency to 907-269-8000 (during business hours) or 1-800-478-0084 (afterhours). Diseases classified as public health emergencies are listed in bold on page 6 on the Disease Reporting Manual (<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>).**

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Female ☐ Male ☐ Transgender Pregnant: ☐ No ☐ Yes EDC \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Unknown  
(mm/dd/yyyy)

Race: ☐ White ☐ Black ☐ Alaska Native/American Indian ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Unknown ☐ Other \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Physical Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phones (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

### Disease Information

Name of Disease \_\_\_\_\_

Was the diagnosis laboratory confirmed? ☐ Yes ☐ No Specimen Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Specimen: ☐ Stool ☐ Serum ☐ CSF ☐ Blood ☐ Other \_\_\_\_\_

Name of Medical Facility \_\_\_\_\_ Phone \_\_\_\_\_

Attending Health Care Provider \_\_\_\_\_ Laboratory Name (if known) \_\_\_\_\_

Reported by: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax reports to (907) 561-4239 – please verify fax has been transmitted.  
This form is also available online at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>

